

# ELDER LAW & ESTATE PLANNING CENTER

Plan for Tomorrow, Today

## Confidential

### Client Personal and Financial Intake Form.

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

The Elder Law and Estate Planning Center  
10 Pinckney Colony Road | #400 | Bluffton, SC 29909  
843-757-5294 | [www.hiltonheadelderlaw.com](http://www.hiltonheadelderlaw.com)

\*Note: This intake form must be **FULLY COMPLETED** and dropped off or emailed for review **PRIOR** to your meeting with Attorney.

## INTAKE FORM - SINGLE

<b>Name:</b>		<b>Age:</b>	
<input type="checkbox"/> US Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Resident Alien  <input type="checkbox"/> Retired <input type="checkbox"/> Employed		<b>Marriage:</b> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>Address:</b>		<b>City:</b>	
<b>County:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Home Phone:</b>		<b>Email address:</b>	
<b>Cell Phone:</b>			
<b>Are you a veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, Date of Service:</b> __/__/____	
<b>Emergency Contact Information:</b>			
<b>Name:</b>		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (Please explain)	
<b>Address:</b>			
<b>Phone:</b>			
<b>Existing Estate Planning</b>			
<b>Please indicate if you have any of the following documents:</b>			<b>State / Year Document Executed</b>
<b>Will</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Trust</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Power of Attorney</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Health Care Proxy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Living Will</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Safety Deposit Box</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
<b>Prenuptial Agreement/Marital Agreement</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.</b>			
<b>Your Current health status</b>		<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> Problem – Specific Concern:	

# INTAKE FORM - SINGLE

## Estate Planning Goals

Rank the following in order of importance for you currently - (1 = Most Important to 6 = Least Important)

- Avoid Probate
- Protect assets from nursing homes, government, and lawsuits
- Keep estate matters private
- Protect assets after my death from my children's spouses (or "outlaws") creditors, irresponsibility or health issues
- Provide detailed instructions and authority to people I trust to have the care I desire provided for me if I become disabled
- Convenience and ease of administration of my estate for my heirs when I pass

## Personal and Family Information

<b>Child #1 Name:</b>	<b>Age:</b>
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**ADDRESS:**

Single  Married - Spouse's name: \_\_\_\_\_ **Children:**  None - How many? \_\_\_\_\_ Ages \_\_\_\_\_  
Special needs considerations:

Potential problems/medical or financial hardship/issues:

<b>Child #2 Name:</b>	<b>Age:</b>
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**ADDRESS:**

Single  Married - Spouse's name: \_\_\_\_\_ **Children:**  None - How many? \_\_\_\_\_ Ages \_\_\_\_\_  
Special needs considerations:

Potential problems/medical or financial hardship/issues:

<b>Child #3 Name:</b>	<b>Age:</b>
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**ADDRESS:**

Single  Married - Spouse's name: \_\_\_\_\_ **Children:**  None - How many? \_\_\_\_\_ Ages \_\_\_\_\_  
Special needs considerations:

Potential problems/medical or financial hardship/issues:

<b>Child #4 Name:</b>	<b>Age:</b>
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**ADDRESS:**

**INTAKE FORM - SINGLE**

Single Married - Spouse's name:

**Children:** None - How many? \_\_\_\_\_ Ages

Special needs considerations:

Potential problems/medical or financial hardship/issues:

**Add below or separate sheet for more children**

## INTAKE FORM - SINGLE

**Detailed Asset Schedule**  
**ASSET INFORMATION AS OF \_\_\_\_\_ (DATE)**  
Please provide estimated total amount for each type of assets and who owns each asset

Financial Accounts Name of Bank or Financial Institution	Account type (Checking, Savings)	Who owns the account? (Joint? Individual Name? In name of a Trust?)	Value	Death Beneficiaries? If yes, who are the beneficiaries?
A.			\$	
B.			\$	
C.			\$	
D.			\$	
E.				
F.				

\*Additional accounts can be added on the back of this page or attached additional pages to the from.

Retirement Accounts (IRAs, 401k, Annuities) Name of Bank or Financial Institution	Account Type (IRA, Roth IRA, 401K, 403B, SEP, etc.)	Owner	Value	Death Beneficiary(s)? Name of Beneficiaries
A.			\$	
B.			\$	
C.			\$	
D.			\$	
E.			\$	

\*Additional accounts can be added on the back of this page or attached additional pages to the from.

Life Insurance (Death benefit and Cash value)	Account Type (Whole life, term, etc.)	Owner	Value Death Beneficiary(s) On Account?
A.			Death Benefit \$ _____
B.			Death Benefit \$ _____

\*Additional accounts can be added on the back of this page or attached additional pages to the from.

Long Term Care Insurance (Death benefit and Cash value)	Account Type	Owner	Value Death Beneficiary(s)
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## INTAKE FORM - SINGLE

			On Account?
A.			Death Benefit \$ _____
B.			Death Benefit \$ _____

\*Additional accounts can be added on the back of this page or attached additional pages to the from.

Real Estate	County/ State	Owner (Joint? Individual Name? In name of a Trust?)	Value
Real estate: Primary Residence			\$
Real estate: Other Real Property			\$
Timeshares/condos/other property			\$
Vehicles (Automobile, motorcycle, boats, snowmobiles, etc.)	Make/Model/Year	Owner (Joint? Individual Name? In name of a Trust?)	Value
A.			\$
B.			\$

### OTHER ASSETS NOT LISTED (Personal Effects, paintings, collections etc.)

	TYPE/ Description	TOTAL
	A.	\$
	B.	\$
	C.	\$

### LIABILITIES

TYPE	TOTAL
Mortgage	\$
Loans Payable	\$
Other	\$
Total Value	\$

### FINANCIAL INFORMATION SHEET

**Income information only needed for Asset Protection/Medicaid Planning Clients Only**

Source	Description	Monthly Income amount Value
Pension 1		\$
Pension 2		\$
Social Security		\$
Investments		\$
Other		\$

## INTAKE FORM - SINGLE

### **Other issues relevant to You. (Check any/all that apply):**

- Estranged Spouse/Ex-Spouse
- Prenuptials or divorce agreements
- Blended Family
- Remarriage Protection
- Disinherit children
- Litigious Children/family members
- Estranged children
- Deceased children
- Ownership of LLCs or business
- Other: